

Opening Statement of the Irish Hospital Consultants Association to the Joint Committee on Health Concerning the appointment of Hospital Consultants and doctors, on Wednesday, 2nd May, 2018.

Dr Tom Ryan, President.

Good morning. The IHCA has over 2,500 members and represents 85% of hospital consultants in Ireland.

I would like to thank the Chairman and the Committee members for this opportunity to address them on the importance of specialist registration for hospital consultant appointments and the separate matter of the appointment of other hospital doctors from countries outside the EU and the EEA without the requirement to pass Irish Medical Council clinical examinations which had applied until recent years.

It is important at the outset to recall that the the 2008 Consultant Contract defines a Consultant as a registered medical practitioner who by reason of his/her training, skill and expertise in a designated specialty, is consulted by other registered medical practitioners. It is worthwhile at this juncture if we review just what is involved in training a consultant and just why the integrity of this process is of such importance. The majority of medical students enter medical school directly after their leaving certificate examination, and then complete a 5-year course in medical college. This is followed by a year-long clinical internship before progressing to specialty training. In most specialties doctors who subsequently become consultants complete 2 to 3 years in basic specialist training and examinations, to provide foundation of specialist knowledge , and to develop both as individuals and doctors. Then they complete 5 to 6 years of Higher Specialist Training which is punctuated by specialist examinations, usually finishing with an exit examination, and a professional qualification conferred by a postgraduate college. Only at this point will a doctor become eligible for specialist registration, which is regarded as a basic qualification for doctors who wish to apply for a position as a consultant.

The vast majority of doctors who become eligible for inclusion in the specialist register will subsequently travel abroad, usually in order to gain clinical or research experience in a prestigious international institution of excellence and reknown. This has been the pattern for many years, and is likley to continue so, as consultants in Ireland wish to provide patient care to a recognised contemporary standard and wish to gain the experience that will act as a foundation for their subsequent professional career.

This model of training has several advantages for the health care system and for patients. In the past there was a consistent supply of well trained and experienced consultants in the Irish health system. This was good for patients as they received the benefit of the consultants' prolonged and arduous training. It was good for the health system as there was a continuous supply of talented consultants entering the

health system, and these newer consultants brought with them fresh thinking, vision and new approaches to what on occasions seemed intractable problems. The health system also benefited as a whole as many of these motivated individuals became leaders within the profession and their subspecialty. As a collateral benefit the quality of patient care in the health system consistently improved. In order to sustain these improved standards of care on a consistent basis it requires continuous recruitment of consultants that are trained to the highest international standards.

Now if we deviate from this paradigm of training and recruitment, then we are at risk of compromising the standards of patient care in our health service, and there will be inevitable and unacceptable consequences for patients. So at all stages of training we must foster a culture of academic achievement and clinical excellence, so that we can provide the best possible care for patients.

In our efforts to achieve clinical excellence we must insist that doctors who act as consultants in our health systems are appropriately trained, in that they are deemed eligible for specialist registration. After all this is the most basic of professional standards for doctors who wish to practise as consultants in Ireland. We cannot deviate from international best practice whereby doctors are required to comply with recognised specialty specific training criteria so that the quality and consistency of patient care is protected.

Unfortunately it has become apparent that these most basic professional standards are not being observed when filling an increasing number of consultant posts and there is a grave concern that this development is not in the best interests of patient care.

There are similar concerns regarding the appointment of non-consultant hospital doctors (NCHDs) who have trained in countries outside the EU and the EEA without the requirement to pass Irish Medical Council clinical examinations which had applied until recently. It was standard practice that doctors from these countries, following their intern year, completed the Medical Council's Pre Registration Examination System (PRES) clinical examinations before they would be deemed eligible to take up a post in acute hospital and mental health services in Ireland.

We are of the view that the public deserves to receive a consistent standard of care across all public hospital and mental health services based on a uniform standard of training. Furthermore, the failure to verify by way of clinical examinations doctors' basic training and competencies is at odds with contemporary international practice in other European jurisdictions and English speaking countries. There is a serious concern that in the absence of the Medical Council clinical examination that inconsistent standards of medical training and competence will undermine the care patients receive.

Overall, the concerns relating to the appointment of doctors to specialist consultants posts who are not on or eligible to be on the Irish Medical Council specialist register and the appointment of NCHDs from non-EU and non-EEA countries without completing the PRES clinical examinations highlights concerns about equivalence and the potential serious reduction in standards.

End

30 April, 2018